

P98000095863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

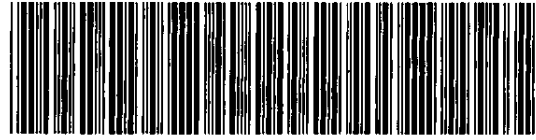
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

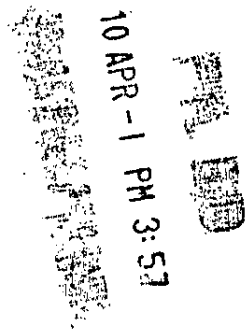
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RA Resign.

B. CONNELL APR 06 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: H.F.S. TAMPA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P98000095863

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null
(Name of Person)

Incorp Services, Inc.
(Name of Firm/Company)

375 N. Stephanie St., Suite 1411
(Address)

Henderson, NV 89014-8909
(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Null for incorp Services, Inc. at (702) 866-2500 ext 6505
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCorp SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for H.F.S. TAMPA, INC.

(Name of Corporation)

P98000095863

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed. INCorp SERVICES, INC.

Tennie Sedlacek, Inc. By Tennie Sedlacek
(Signature of Resigning Agent)

If signing on behalf of an entity:

Tennie Sedlacek

(Typed or Printed Name)

C.O.O.

(Capacity)

10 APR - 1 PM 3:53

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**